

DEFENDANT'S EXHIBIT

**CVS-MDL-01263**



# **Corresponding Responsibility**



# Corresponding Responsibility

## State and Federal laws and regulations:

State and Federal laws and regulations impose a corresponding responsibility on Pharmacists to dispense medicine only for legitimate medical purposes

*Note: Corresponding Responsibility applies to all controlled substance prescriptions, not just ones that are identified as potentially high risk.*

## CVS/Caremark Policy:

CVS Caremark expects and supports decisions by its Pharmacists to not fill prescriptions if, in the sound exercise of their professional and clinical judgment they believe or suspect that the prescription was not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

✓ **Guidelines for Dispensing Controlled Substances – ROPP-0061**



# Corresponding Responsibility

**DEA regulations require that a controlled substance prescription “must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional medical practice.”**

- **Initial responsibility** for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner.
- DEA regulations place “**corresponding responsibility**” on the Pharmacist who fills the prescription.



# Corresponding Responsibility

- If a pharmacist has a question about any aspect of the prescription, they must **contact the prescriber** for clarification and verification before filling the prescription— however, contacting a prescriber alone does not fulfill corresponding responsibility.
- Pharmacists should **document these inquiries** on the back of the prescription as allowed by state law and in RxConnect (include the name of the person who was spoken to and the time of the conversation).
- Even if the prescriber indicates that the prescription should be filled as written, the Pharmacist must **use professional judgment** to determine whether the prescription was issued for a legitimate medical purpose in the normal course of professional practice.
- A Pharmacist must **refuse to fill** any controlled substance prescription that he or she does not believe was written for a legitimate medical purpose in the ordinary course of professional practice.



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# Corresponding Responsibility: Patient Red Flags

- **Distance**
  - Either patient/prescriber not being located within the store's geographic area
  - Patient traveling distances to pharmacy or doctor
- **Cash**
  - Cash payment for prescriptions, particularly if RxConnect indicates the patient has insurance
- **Suspicious Behavior**
  - Customers arriving in groups to get narcotic prescriptions filled
  - Customer requests specific drugs by brand name or description (e.g., M's, blues, Mallinckrodt blues)
  - Customer appears to be visibly impaired, intoxicated or incoherent
- **Early Fills**
  - Customer attempting refill early or consistently showing up at the first available moment when refill can be obtained under standard practice
- **Doctor or Pharmacy Shopping**
  - Evidence of multiple doctors prescribing controlled prescriptions or customer using multiple pharmacies after review of profile or PMP data
- **Appropriateness of Therapy**
  - Patient remains on long-term high dose opioid long after injury has healed
  - Patient age/medication dosage
  - Cocktails (combinations the DEA has identified as having a high potential for abuse (e.g., oxycodone, alprazolam and carisoprodol))



# Corresponding Responsibility: Prescriber Red Flags

- **Professional Practice**

- Prescribes the same medication in the same dosage amount to most or all of their patients
- Use of preprinted or stamped prescriptions

- **Cocktails**

- Routinely prescribes the same combination of pain drugs for most or all of their patients
- Prescribes combinations the DEA has identified as having a high potential for abuse (e.g., oxycodone, alprazolam and carisoprodol)

- **Scope of Practice**

- Prescribing of narcotics does not fit with the prescriber's practice (e.g., ophthalmologist)

- **Appropriateness of Therapy**

- Overprescribing large doses of controlled substances to patients



# **Exercising Corresponding Responsibility: What is my role?**

- Evaluate each prescription individually and identify Red Flags. (Stores should not be creating their own blanket policies)
- Recognize Suspicious Customer Behaviors
- Utilize State Prescription Monitoring Program
- Contact the doctor to validate authenticity/intent
- Apply professional judgment to the situation
- Document due diligence on prescription
- Refuse prescriptions the pharmacist is not comfortable filling or cannot resolve outstanding red flags